

## GUIDE FOR AUTHORS

Increasingly, health care decision makers and policy makers are seeking outcomes research information (comparative treatment effectiveness, economic costs and benefits, and patient-reported outcomes) that can guide them in health care resource allocation, and in evaluating alternative treatments and health services interventions. *Value in Health* contains original research articles in the areas of economic evaluation (including drugs and other medical technologies), outcomes research ("real world" treatment effectiveness, and patient-reported outcomes research), and conceptual, methodological, and health policy articles. All published articles must be conducted in a rigorous manner and must reflect valid and reliable theory and methods. Empirical analyses and conceptual models must reflect ethical research practices and provide valuable information for health care decision making as well as the research community. As the official journal of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), *Value in Health* provides a forum for researchers, health care decision-makers, and policy makers to translate pharmacoeconomics and outcomes research into health care decisions. Given that the ultimate purpose of health care is to increase the overall health-related well being of individuals and society as a whole in an efficient manner, the content of *Value in Health* focuses on health care value.

*Value in Health* welcomes papers that make substantial contributions by providing new evidence or ideas that extend the current knowledge base. As such, manuscripts should describe the unique contribution of the article and place the current paper in context with prior publications. *Value in Health* does not consider papers reporting data series or data sets that do not include appropriate statistical analyses. The journal uses the peer review process to assure rigorous and transparent use of statistical methods. *Value in Health* also requires that papers reporting modeling results include sensitivity analysis of key and influential model parameters.

*Value in Health* publishes all papers in English and authors are responsible for assuring that the paper reflects good grammar prior to submission. Authors for whom English is a second language may choose to have their manuscript professionally edited before submission. Authors wishing to pursue a professional English-language editing service should make contact and arrange payment with the editing service of their choice. For more details regarding recommended services, please refer to <http://support.elsevier.com/>

## I. ETHICS IN PUBLISHING

For information on Ethics in Publishing and Ethical guidelines for journal publication see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/ethicalguidelines>.

## II. CONFLICT OF INTEREST

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. See also <http://www.elsevier.com/conflictsofinterest>.

## III. SUBMISSION DECLARATION

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder.

## IV. RETAINED AUTHOR RIGHTS

As an author you (or your employer or institution) retain certain rights; for details you are referred to: <http://www.elsevier.com/authorsrights>.

## V. FUNDING BODY AGREEMENTS AND POLICIES

Elsevier has established agreements and developed policies to allow authors whose articles appear in journals published by Elsevier, to comply with potential manuscript archiving requirements as specified as conditions of their grant awards. To learn more about existing agreements and policies please visit <http://www.elsevier.com/fundingbodies>.

## VI. MANUSCRIPT SUBMISSION AND SPECIFICATIONS

To submit a manuscript to *Value in Health*, please go to: <http://mc.manuscriptcentral.com/vih>. For assistance, authors may contact the *Value in Health* editorial office at: [viheditor@ispor.org](mailto:viheditor@ispor.org).

If submissions are larger than 500 KB, they should be compressed using PKZIP or WINZIP.

Authors will be required to assign copyright of their papers. Copyright assignment is a condition of publication and papers will not be passed to the publisher for production unless copyright has been assigned. An appropriate copyright assignment form can be found at the following address: [http://www.ispor.org/publications/value/Value-In-Health-Copyright-Transfer-Form\\_2012.pdf](http://www.ispor.org/publications/value/Value-In-Health-Copyright-Transfer-Form_2012.pdf). A faxed copy of this completed and signed form is acceptable; fax to 609-586-4982 or email to: [viheditor@ispor.org](mailto:viheditor@ispor.org).

If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases: please consult <http://www.elsevier.com/permissions>.

### Each Submission should contain separate documents as follows:

i. **COVER LETTER.** The cover letter should include: 1) title of the manuscript; 2) name of the document file(s) containing the manuscript and the software (and version) used; 3) name and all contact information for the corresponding author and a statement as to whether the data, models, or methodology used in the research are proprietary; 4) names of all sponsors of the research and a statement of all direct or indirect financial relationships the authors have with the sponsors; and 5) if applicable, a statement that the publication of study results was not contingent on the sponsor's approval or censorship of the manuscript.

ii. **TITLE PAGE.** The title page should contain the following: 1) title; 2) full names (first and surname) of all authors including academic degrees and affiliation(s); 3) name, mailing and email addresses, telephone and fax numbers of corresponding author (with whom all correspondence will take place unless other arrangements are made); 4) all sources of financial or other support for the manuscript (if no funding was received, this should be noted on the title page); 5) at least four key words for indexing purposes; 6) a running title of not more than 45 characters including spaces; and 7) Acknowledgements (if any).

iii. **MANUSCRIPTS.** Manuscripts must be written in English, typed in Microsoft Word (2003 or later; .doc or .docx file formats). Manuscripts should be in 8.5x11-inch page format, double-spaced with 1-inch margins on all sides and size 10 font (Arial or Times New Roman fonts are preferred). Minimal formatting should be used, i.e., no justification, italics, bold, indenting, etc. There should be no hard returns at the end of lines. Double-spacing after each element is requested (e.g., headings, titles, paragraphs, legends). The 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals' should be consulted for specific style issues not addressed here ([www.acponline.org](http://www.acponline.org), Ann Intern Med 1997;126:36-47).

a. **KEY POINTS.** *Value in Health* is keen to publish papers that add to the literature in a substantive way to inform healthcare-related decision making. Therefore, during the submission process, authors are asked to identify several 'Key Points'. The Key Points should not summarize the article, but rather should highlight the novel insights related to value in health care delivery that the paper provides.

i. What is already known about the topic?

ii. What does the paper add to existing knowledge?

iii. (optional) What insights does the paper provide for informing health care-related decision making?

b. **ABSTRACT.** An abstract of 250 words or less is required, summarizing the work reported in the manuscript. Original research manuscripts should use a structured format for the abstract, i.e., Objectives, Methods, Results, and Conclusions.

c. **TEXT.** The body of the manuscript should be divided into sections that facilitate reading and comprehension of the material. This should normally include sections with the major headings: Introduction, Methods, Results, Conclusions, and References. Acknowledgments (if needed) should be included in the title page and not the manuscript. There should be no footnotes. Figures (inclusive of figure legends) and Tables must be submitted each as separate files, independent of the main manuscript file.

d. **REFERENCES.** References should be listed in a separate section and numbered consecutively with Arabic numerals in the order in which they are cited in the text. Referencing software, superscripts, or any other electronic format should not be used when referencing, neither in the text nor the reference list. Citing unpublished or non-peer-reviewed work such as abstracts and presented papers is discouraged. Personal communications may be indicated in the text as long as written acknowledgment from the authors of the communications accompanies the manuscript.

## GUIDE FOR AUTHORS – *continued*

Reference style should follow that of *Index Medicus*. Spell out single-word journals and abbreviate all others according to the style of *Index Medicus*. If there are more than four authors, use only the names of the first three, followed by et al.

**The four most common types of references are illustrated below for example.**

**Journal article:** Surname and initials of author(s), title of article, name of journal, year, volume number, first and last page.

Arocho R, McMillan CA. Discriminant and criterion evaluation of the U.S.-Spanish version of the SF-36 Health Survey in a Cuban-American population with benign hyperplasia. *Med Care* 1998;36:766-72.

**Book:** Surname and initials of author(s)/editor(s), title and subtitle, volume, edition (other than first), city, publisher, year.

Johnston J. *Econometric Methods* (3rd ed.). New York: McGraw-Hill, 1984.

**Chapter in Book:** Surname and initials of author(s), title of chapter, author(s)/editor(s) of book, title of book, volume, edition (other than first), city, publisher, year.

Luce BR, Manning WG, Siegel JE, et al. Estimating costs in cost-effectiveness analysis. In: Gold MR, Siegel JE, Russell LB, et al., eds., *Cost-effectiveness in Health and Medicine*. New York: Oxford University Press, 1996.

**Website: WWW Document. Available from:** [http://www . . .](http://www...) [Accessed Month Day, year].

International Society for Pharmacoeconomics and Outcomes Research (ISPOR). ISPOR Good Outcomes Research Practices Index. Available from: [http://www.ispor.org/workpaper/practices\\_index.asp](http://www.ispor.org/workpaper/practices_index.asp). [Accessed January 1, 2011].

**iv. TABLES.** Tables should be clearly labeled, neatly typed, and easy to understand without reference to the text. Each should be double-spaced and presented on a separate page. Statistical estimates should indicate parameter estimates and, as appropriate, t ratios or standard error, statistical significance, sample size, and other relevant information. All abbreviations must be explained below each table. Each table should be numbered and have a self-explanatory title.

**v. FIGURES.** Figures should each be submitted as a separate image file, not embedded in the manuscript document or in a slide presentation. Cite figures consecutively, as they appear in the text, with Arabic numbers (Figure 1, Figure 2, Figure 3A, etc.). If, together with your accepted article, you submit usable color figures then the Journal will ensure, at no additional charge, that these figures will appear in color on the Web (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. There will be a charge for color reproduction in print; you will receive information regarding the costs from Elsevier after receipt of your accepted article. Please indicate your preference for color in print or on the Web only. Each figure must be assigned a brief title (as few words as possible, and reserving abbreviations for the legend) as well as a legend. The corresponding legend should be typed double-spaced on a separate page. All symbols, arrows, and abbreviations must be explained in the legend. Please submit files with a resolution of at least 300 DPI. Line artwork should contain a resolution of at least 1000 DPI. Elsevier recommends submitting figures in the following formats: TIFF, JPG, EPS, and PDF. Please be sure to delete any identifying patient information such as name, social security number, etc. Photographs in which a person's face is recognizable *must* be accompanied by a letter of release from that person explicitly granting permission for publication in the Journal. For any previously published material, written permission for both print and electronic reprint rights must be obtained from the copyright holder. For further explanation and examples of artwork preparation, see Elsevier's Author Artwork Instructions at [www.elsevier.com/artwork](http://www.elsevier.com/artwork).

## **vi. SUPPLEMENTARY MATERIAL OR SUPPLEMENTARY DATA.**

You may submit appendixes that describe either methods or results in more detail if these are needed for clarity of understanding by either peer reviewers or readers. If appropriate, materials suitable for Web publication but not print publication (e.g., audio or video files, see below) can also be submitted. If you do so, indicate the particular reasons for the appendix and whether you are submitting it for possible Web publication or simply for peer review purposes. *Value in Health* accepts audio and video files as ancillaries to the main article. Audio files should be in .mp3 format; the recommended upper limit for the size of a single file is 10 Mb. Video files should be submitted in .mpg or .mp4 format, the recommended upper limit for the size of a single file is 10Mb. Any alternative format supplied may be subject to conversion (if technically possible) prior to online publication.

**vii. SURVEY INSTRUMENT.** For papers analyzing preferences, *Value in Health* requires the submission of a copy of the survey instrument (translated into English in case of different original language) used to generate the preference data. This is to help in the review process and the survey instrument need not appear in a final publication. If the authors wish the questionnaire to be published with the paper, it should be submitted through ScholarOne Manuscripts as part of the paper. If they do not wish it to be published, it should be submitted through ScholarOne Manuscripts as Supporting Information and then will be sent to the reviewers as a reviewer's appendix.

## **VII. DATA, MODELS, AND METHODOLOGY**

All authors must agree to make their data available at the Editor's request for examination and re-analysis by referees or other persons designated by the Editor. All models and methodologies must be presented in sufficient detail to be fully comprehensible to readers.

## **VIII. AUTHOR ANONYMITY**

From September 15, 2003, it is the policy of *Value in Health* that peer review of submitted manuscripts is double blinded, i.e., the reviewers do not know the names of the authors of manuscripts and the authors do not know the names of the reviewers. Blinded reviews are common practice at many important scientific and medical journals.

## **IX. THE REVIEW PROCESS**

All manuscripts deemed appropriate for *Value in Health* after initial screening will be reviewed by at least two peer reviewers. The objective of the journal is to complete peer review and reach editorial decision within ten to twelve weeks of submission, at which time the corresponding author will receive written notification, including anonymous reviewer commentary.

## **X. AUTHOR TRACKING SERVICES**

Authors may track accepted articles at <http://www.elsevier.com/trackarticle> and set up e-mail alerts to inform them when an article's status has changed. Contact details for questions arising after acceptance of an article, especially those relating to proofs, will be provided by the publisher.

## **XI. PROOFS**

Proofs will be sent electronically to the Authors to be carefully checked for printer's errors. Substantive **changes or additions to the edited manuscript cannot be allowed at this stage**. Corrected proofs should be returned to the publisher within 2 days of receipt.

## **XII. OFFPRINTS**

The corresponding author, at no cost, will be provided with a PDF file of the article via e-mail. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. The PDF file is a watermarked version of the published article and includes a cover sheet with the journal cover image and a disclaimer outlining the terms and conditions of use.